

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDINGFEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

SPECIAL USE

FCC USE ONLY

(1) LOCKBOX # 358320

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

## SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Morrison &amp; Foerster, LLP

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 50.00

(4) STREET ADDRESS LINE NO. 1

2000 Pennsylvania Ave, N.W., Suite 5500

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20006

(9) DAYTIME TELEPHONE NUMBER (include area code)

(202) 887-1500

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

## SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

APT Columbus, Inc.

(12) STREET ADDRESS LINE NO. 1

50 131st Avenue, S.E., Suite 200

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Bellevue

(15) STATE

WA

(16) ZIP CODE

98006

(17) DAYTIME TELEPHONE NUMBER (include area code)

(425) 653-4600

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

## SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

KS2XFG

(20A) PAYMENT TYPE CODE (PTC)

E

A

E

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 50.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

## SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0

## SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, \_\_\_\_\_, Certify under penalty of perjury that the foregoing and supporting information  
(PRINT NAME)  
are true and correct to the best of my knowledge, information and belief. SIGNATURE \_\_\_\_\_

## SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER

EXPIRATION DATE

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD  
for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

Vendor Number 017056 Ref #  
FEDERAL COMMUNICATIONS COMMISSION  
INVOICE DATE AMOUNT  
RQ398851 09/08/00 50.00

Check Number 5300238  
Check Date 09/11/00  
INVOICE DATE AMOUNT

Fee for tranfer of control  
application APT Columbus, Inc.  
Experimental License

\$ 50.00

TOUCH OR RUB TOUCHSAFE™ AREA TO SEE VALID AND VERIFY AUTHENTICITY

MORRISON & FOERSTER LLP  
WASHINGTON D.C. OFFICE  
2000 PENNSYLVANIA AVE., N.W., SUITE 5800  
WASHINGTON, D.C. 20006-1808  
(202) 687-1300

WARNING:  
HOLD AT AN ANGLE TO VERIFY  
BACKGROUND WORDS "SAFE" ON  
FRONT AND A WATERMARK ON BACK.

BANK OF AMERICA  
COMMUNITY DEVELOPMENT BANK

98-1182  
1211

5300238  
5300238

PAY  
FIFTY AND NO/100 DOLLARS

09/11/00

\*\*\*\*\*50.00

Patent #5,636,874

TO THE  
ORDER OF  
FEDERAL COMMUNICATIONS COMMISSION

TouchSafe™

By:

*John P. Huey* MP  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE MP

#5300238# 0121141822# 73136-01356#

# MORRISON & FOERSTER LLP

ATTORNEYS AT LAW

SAN FRANCISCO  
LOS ANGELES  
PALO ALTO  
WALNUT CREEK  
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ORANGE COUNTY  
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TELEPHONE (202) 887-1500  
TELEFACSIMILE (202) 887-0763

NEW YORK  
BUENOS AIRES  
LONDON  
BRUSSELS  
BEIJING  
HONG KONG  
SINGAPORE  
TOKYO

September 18, 2000

Writer's Direct Dial Number  
(202) 887-8745

*Via Mellon Bank*

Magalie Roman Salas, Secretary  
Federal Communications Commission  
445 12th Street, S.W., TW-A325  
Washington, D.C. 20554

Re: Application for Commission Consent to Transfer Control of Licenses  
held by APT Columbus, Inc. (Licensee) from VoiceStream Wireless  
Corporation (Transferor) to Deutsche Telekom AG (Transferee)  
Call Sign KS2XFG

Dear Ms. Salas:

On behalf of VoiceStream Wireless Corporation ("VoiceStream"), we are enclosing for filing an original and two paper copies of an FCC application (FCC Form 703) requesting Commission consent to the transfer of control of an experimental license currently held by APT Columbus, Inc. from VoiceStream to Deutsche Telekom AG ("DT"). This application should be associated with related applications for Commission consent to VoiceStream's merger with DT being filed concurrently herewith. See Lead Application, VoiceStream PCS I License L.L.C., File Number 0000211827.

Enclosed is a \$50.00 check payable to the FCC to cover the prescribed filing fee. Kindly, date stamp the enclosed duplicate copy as received and return it for our records in the attached envelope.

**MORRISON & FOERSTER LLP**

Magalie Roman Salas  
September 18, 2000  
Page Two

Please contact undersigned counsel should you have questions regarding the transferor's portion of the application. Any questions regarding transferee's portion of the application should be directed to Mr. John H. Harwood, II, counsel to DT, at (202) 663-6000.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Louis Gurman".

Louis Gurman  
*Counsel to VoiceStream Wireless  
Corporation*

Enclosure

cc: John H. Harwood, II

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR  
FCC  
USE  
ONLY

PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE

(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee APT Columbus, Inc.			
(b) Number and street address 3650 131st Avenue, S.E., Suite 200			
(c) City Bellevue	(d) State WA	(e) ZIP Code 98006	
2. Internet address: www.voicestream.com		3. Taxpayer Identification Number	
4. Call sign and radio service of each station KS2XFG			
5. (a) Fee Type Code EAE	(b) Fee Multiple 1	(c) Fee Due \$ 50.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES X NO
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3. See page 3 and Exhibit 1.			YES NO
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.			YES NO
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.			YES NO
(d) What is the name and address of the corporation in immediate control?			YES NO
(e) Under the laws of what State or Country is the controlling corporation organized?			YES NO
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			YES NO
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).			YES NO
<b>CERTIFICATION</b> • Applicant waives any claim to the use of any particular frequency regardless of prior use by licensee or otherwise; • Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; • Neither applicant nor any member thereof is a foreign government or representative thereof; • Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; • Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 882, because of a conviction for possession or distribution of a controlled substance.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 803).			
SIGNATURE _____		DATE _____	
Authorized Employee of Licensee Corporation			
SIGNATURE _____		DATE _____	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

Approved by OMB  
3060-0053  
Expires 11/30/99  
See reverse for public  
burden estimate.

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION



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(This application must be filed before Transfer of Control takes place)

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(b) Number and street address <b>3650 131st Avenue, S.E., Suite 200</b>			
(c) City <b>Bellevue</b>	(d) State <b>WA</b>	(e) ZIP Code <b>98006</b>	
2. Internet address: <b>www.voicestream.com</b>		3. Taxpayer Identification Number	
4. Call sign and radio service of each station <b>KS2XFG</b>			
5. (a) Fee Type Code <b>EAE</b>	(b) Fee Multiple <b>1</b>	(c) Fee Due \$ <b>45.00</b>	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee <b>Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3. <b>See page 3 and Exhibit 1.</b>			YES NO <b>X</b>
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.			YES NO
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.			YES NO
(d) What is the name and address of the corporation in immediate control?			YES NO
(e) Under the laws of what State or Country is the controlling corporation organized?			YES NO
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			YES NO
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (f).			YES NO
<p align="center"><b>CERTIFICATION</b></p> <p>• Applicant waives any claim to the use of any particular frequency regardless of prior use by licensee or otherwise;</p> <p>• Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</p> <p>• Neither applicant nor any member thereof is a foreign government or representative thereof;</p> <p>• Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</p> <p>• Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</p>			
<p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).</p>			
SIGNATURE		DATE <b>9/5/00</b>	
Authorized Employee of Licensee Corporation			
SIGNATURE _____		DATE _____	
Transfer of Control (Check one)			
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

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(c) City Bellevue		(d) State WA	(e) ZIP Code 98006
2. Internet address: www.voicestream.com		3. Taxpayer Identification Number	
4. Call sign and radio service of each station KS2XFG			
5. (a) Fee Type Code EAE	(b) Fee Multiple 1	(c) Fee Due \$ 45.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee Deutsche Telekom AG, 1020 19th Street, N.W., Suite 850, Washington, DC 20036			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES X NO
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3. See page 3 and Exhibit 1.			X
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.			YES NO
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.			YES NO
(d) What is the name and address of the corporation in immediate control?			YES NO
(e) Under the laws of what State or Country is the controlling corporation organized?			YES NO
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			YES NO
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).			YES NO
<b>CERTIFICATION</b> <ul style="list-style-type: none"><li>• Applicant waives any claim to the use of any particular frequency regardless of prior use by licensee or otherwise;</li><li>• Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li><li>• Neither applicant nor any member thereof is a foreign government or representative thereof;</li><li>• Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li><li>• Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 882, because of a conviction for possession or distribution of a controlled substance.</li></ul>			
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SIGNATURE _____		DATE _____	
SIGNATURE <u>[Signature]</u>		DATE 9/5/00	
Transferee of Control (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (Specify): Senior Exec. VP, Govt. Af.			

**DETAILS / ADDITIONAL INFORMATION:**

Please see attached Exhibit 1, "Application for Transfer of Control and Petition for Declaratory Ruling."

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION****1. Name and mailing address of corporate licensee**

APT Columbus, Inc.  
1020 19th Street, N.W., Suite 850  
Washington, DC 20036

**DO NOT WRITE IN THIS BLOCK****CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**2. Call sign and radio service of each station**

KS2XFG

**DATE AUTHORIZED:**

**FEDERAL  
COMMUNICATIONS  
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**